



Application for Hope House Guest

Demographic Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

SSN: _____

Sex: _____ Marital Status: _____ # of Dependents _____

Driver's License Number: _____ License Plate Number: _____ Registration Number: _____

Are you currently employed? YES NO Employer: _____ FT or PT Work Phone _____

Income Range: \$0-\$10,800 \$10,801-\$24,000 \$24,001-\$50,000 \$50,000-\$75,000 \$75,000+

Are you willing to find full-time employment within 15-30 days?..... Yes No

Are you willing to abide by Hope House curfew 10p-5a, including no overnight work?..... Yes No

Are you willing to make a 3-month commitment to the Sober Living Home Program? Yes No

Emergency Contact: _____ Phone: _____ Relationship: _____

Drug Use History

Drug of Choice: ___ Alcohol ___ Drugs List: _____

Do you believe you are an alcoholic/addict? Yes No

Last Drink/Use Date: _____ Sobriety/Clean Date: _____

What is your longest period of abstinence? _____

Are you willing to abide by the zero tolerance policy of the Sober Living Home program? Yes No

Are you willing to submit to random drug tests and preliminary breath tests? Yes No

Treatment Information

Are you currently in treatment?..... Yes No

Name of Most Recent Facility:_____ Discharge Date:_____

12-Step Program History

What will be your primary 12 Step Group?..... AA NA Other_____

Are you willing to attend 3 AA/NA/CR meetings per week? (When employed FT. If not employed one meeting per day.) Yes NO

Do you currently have a sponsor?

Yes—Who? _____

No—Are you willing to obtain a sponsor within 2 weeks of move in?..... Yes No

Are you willing to meet face to face with your sponsor once per week?..... Yes No

Medical History

Are you currently being treated for any physical medical conditions? Yes No

If yes, please describe: _____

Are you currently seeing a psychologist, psychiatrist, or mental health professional? Yes No

If yes, please explain: _____

Have you ever attempted suicide? Yes No Date of Incident? _____

Are you on any prescribed medications? Yes No

Please list prescriptions/dosages: _____

*****Failure to report medications at the time of application may result in dismissal from the program.*****

Are you willing to abide by Hope House’s Restricted Medication policy? Yes No

Legal History

Are you currently involved with the legal system in any way? Yes No

If yes, please explain: _____

Are you currently under parole, probation, or suspended imposition of a sentence? Yes No

CSO or PO Name: _____ Phone Number: _____

Are you willing to sign a release of information for Hope House to communicate with this person? Yes No

Are you a registered sex offender? Yes No

Do you have a history of violent crimes on your record? Yes No

Past Legal Issues: Please indicate any past charges, convictions, prison sentences, DWI, probation’s, paroles, etc.

Be complete and specific: _____

Legal Status of your Driver's License: Valid Revoked Suspended Other _____

Do you have a vehicle? Yes No Do you have a current driver's license, insurance, and registration? Yes No

Financial Information

Are you on any Public Assistance? Yes No What assistance do you receive? _____

Cash \$ _____ (Amount per month) Food Support \$ _____ (Amount per month)

Medical Assistance _____ Insurance Provider and card number: _____

Are you able to afford the Sober Living Home's monthly guest fee of \$250(1st month)/\$350? Yes No

Do you have the \$50 minimum move in fee? Yes No

How will you pay this move in fee? _____

Expectations and Responsibilities

The three absolutes that are grounds for immediate dismissal from the home:

1. Use or possession of mood-altering substance, including alcohol.
2. Exclusive relationships between Hope House members or sex in the home.
3. Any violence or threats of violence.

Are you willing to.....

1. Attend weekly house meetings on the designated evening? Yes No
2. Communicate with the Hope House Director concerning work, medications, and overnights? Yes No
3. Abide by the overnight policy? Yes No
 - No overnights for the first 30 days.
 - 1 overnight per month days 31-90.
 - 2 overnights per month after 90 days.
4. Comply with Hope House visitation hours? Yes No
 - Monday through Sunday 9am-9pm
 - ◆ Sponsors, Court Service Officers, Parents, Spouses, and Children
 - Saturday and Sunday 1pm-9pm
 - ◆ All other visitors—must be approved by Hope House Director ahead of time
5. Respect your fellow house guests, the neighbors, and the Hope House facility? Yes No
6. Abide by all county, city, state, and federal laws? Yes No

HOPE HOUSE GUEST AGREEMENT

_____I understand that this application needs to be completely accurate and honest. I understand that if the application is not accurate, I may be asked to leave Hope House immediately without refund.

_____I understand I am a guest at Hope House.

_____I understand that I must be able and capable to care for myself, comply with daily house requirements, and find employment without the need of supervision.

_____I understand that I will be required to remain drug and alcohol free while living at Hope House.

Hope House Guest: _____ Date: _____

Hope House Director/Representative: _____ Date: _____

Please have the following when checking into the Hope House:

Membership fees---at least \$50
(Check or Cash)

Personal Toiletries

Clothing/Personal Items
(equivalent of 2 large suitcases)

Any special food

Medications approved by Director